

Division of Health Care Facilities

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9005 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/08/2013 |
| NAME OF PROVIDER OR SUPPLIER FOUR OAKS HEALTH CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1101 PERSIMMON RIDGE RD JONESBOROUGH, TN 37659 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| N 848 | <p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined soiled linen storage areas were well ventilated and maintained under a relative negative air pressure. The findings include: Observation on July 8, 2013 at 11:55 p.m. confirmed the west soiled linen room was at a strong positive pressure. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 8, 2013.</p> | N 848 | <p>3. (a) Maintenance Director was inserviced by Administrator on July 8, 2013 on ensuring battery-power emergency light is properly installed in the emergency generator transfer switch mechanical room. Maintenance Director will include on PM schedule check. (b) Maintenance Director was inserviced by Administrator on July 8, 2013 to ensure 2-hour load bank test is performed on the emergency generator annually.</p> <p>4. (a) Maintenance Director will audit proper placement of emergency battery-power emergency light in mechanical room where emergency generator transfer switch is located monthly for three months. The results of the audit will be presented by the Maintenance Director to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of at least the Administrator, Director of Nursing, Assistant Director of Nursing, Admission Director, Housekeeping Director, Maintenance Director, Food Service Director, Activity Director, Social Services Director, Therapy Services Director and the Medical Director. (b) Maintenance Director will audit 2-hour load-bank generator test is completed annually and/or until 100% compliance. Audit results will be presented to the Quality Assurance/Performance Improvement Committee by Maintenance Director. The Quality Assurance/Performance Improvement Committee consists of at least the Administrator, Director of Nursing, Assistant Director of Nursing, Admission Director, Housekeeping Director,</p> | | |

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

7000

NRVN21

(X6) DATE

If continuation sheet 1 of 1

PRINTED: 07/15/2013
FORM APPROVED

Division of Health Care Facilities

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9005 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 07/10/2013 |
| NAME OF PROVIDER OR SUPPLIER FOUR OAKS HEALTH CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1101 PERSIMMON RIDGE RD JONESBOROUGH, TN 37659 | | |
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| | | | <p>Maintenance Director, Food Service Director, Activity Director, Social Services Director, Therapy Services Director and the Medical Director.</p> <p>N 848</p> <ol style="list-style-type: none"> On July 10, 2013 Maintenance Director corrected the air pressure in the west soiled linen room to a negative air pressure per licensure regulations. On July 10, 2013 Maintenance Director verified all other soiled utility areas were at a negative air pressure. Administrator inserviced Maintenance Director on July 8, 2013 to ensure all soiled utility areas are at negative air pressure. Maintenance Director will include in PM schedule check all soiled utility areas for negative air pressure. Maintenance Director will audit soiled utility areas for negative air pressure monthly for three months and/or until 100% compliance. Maintenance Director will provide results of audit to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of at least the Administrator, Director of Nursing, Assistant Director of Nursing, Admission Director, Housekeeping Director, Maintenance Director, Food Service Director, Activity Director, Social Services Director, Therapy Services Director and the Medical Director. | | |

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6299

NRVN11

If continuation sheet